

APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

Title of
Invention

NOVEL DIPHENYLAZETIDINONE WITH IMPROVED
PHYSIOLOGICAL PROPERTIES, PROCESS FOR ITS
PREPARATION, MEDICAMENTS COMPRISING THIS COMPOUND,
AND ITS USE

Application Type: regular, utility
Attorney Docket Number: DEAV2003/0028 US NP

Correspondence address:

Customer Number: 005487 *005487*

Continuing Data:

This is a Non-Provisional of DE application number 60/494,456, filed 2003-04-01 , now
Pending.

Priority Data:

Doc.No: 10314610.5; Country - DE; Date: 2003-08-11 us-priority-claimed

Inventors Information:

Inventor 1:

Applicant Authority Type: Inventor
Citizenship: DE
Name prefix: Dr.
Given Name: Gerhard
Family Name: JAEHNE
City of Residence: Frankfurt
Country of Residence: DE
Address-1 of Mailing Address: Seebachstrasse 22
Address-2 of Mailing Address:
City of Mailing Address: Frankfurt

State of Mailing Address:**Postal Code of Mailing Address:** 65929**Country of Mailing Address:** DE**Phone:****Fax:****E-mail:****Inventor 2:****Applicant Authority Type:** Inventor**Citizenship:** DE**Name prefix:** Dr.**Given Name:** Wendelin**Family Name:** FRICK**City of Residence:** Hunstetten-Beuerbach**Country of Residence:** DE**Address-1 of Mailing Address:** Schornmuhlstrasse 3**Address-2 of Mailing Address:****City of Mailing Address:** Hunstetten-Beuerbach**State of Mailing Address:****Postal Code of Mailing Address:** 65510**Country of Mailing Address:** DE**Phone:****Fax:****E-mail:****Inventor 3:****Applicant Authority Type:** Inventor**Citizenship:** DE**Name prefix:** Dr.**Given Name:** Andreas**Family Name:** LINDENSCHMIDT**City of Residence:** Bad Soden**Country of Residence:** DE**Address-1 of Mailing Address:** Brahmsstr. 4**Address-2 of Mailing Address:**

City of Mailing Address: Bad Soden

State of Mailing Address:

Postal Code of Mailing Address: 65812

Country of Mailing Address: DE

Phone:

Fax:

E-mail:

Inventor 4:

Applicant Authority Type: Inventor

Citizenship: DE

Name prefix: Dr.

Given Name: Stefanie

Family Name: FLOHR

City of Residence: Basel

Country of Residence: CH

Address-1 of Mailing Address: St. Galler Ring 142

Address-2 of Mailing Address:

City of Mailing Address: Basel

State of Mailing Address:

Postal Code of Mailing Address: CH-4054

Country of Mailing Address: CH

Phone:

Fax:

E-mail:

Inventor 5:

Applicant Authority Type: Inventor

Citizenship: DE

Name prefix: Dr.

Given Name: Hubert

Family Name: HEUER

City of Residence: Schwabenheim

Country of Residence: DE

Address-1 of Mailing Address: Am Sportfeld 74

Address-2 of Mailing Address:**City of Mailing Address:** Schwabenheim**State of Mailing Address:****Postal Code of Mailing Address:** 55270**Country of Mailing Address:** DE**Phone:****Fax:****E-mail:****Inventor 6:****Applicant Authority Type:** Inventor**Citizenship:** DE**Name prefix:** Dr.**Given Name:** Hans-Ludwig**Family Name:** SCHAEFER**City of Residence:** Hochheim**Country of Residence:** DE**Address-1 of Mailing Address:** Dr. H.L., Steingasse 7**Address-2 of Mailing Address:****City of Mailing Address:** Hochheim**State of Mailing Address:****Postal Code of Mailing Address:** 65239**Country of Mailing Address:** DE**Phone:****Fax:****E-mail:****Inventor 7:****Applicant Authority Type:** Inventor**Citizenship:** DE**Name prefix:** Dr.**Given Name:** Werner**Family Name:** KRAMER**City of Residence:** Mainz-Laubenheim**Country of Residence:** DE

Address-1 of Mailing Address: Henry-Moisand-Strasse 19

Address-2 of Mailing Address:

City of Mailing Address: Mainz-Laubenheim

State of Mailing Address:

Postal Code of Mailing Address: 55130

Country of Mailing Address: DE

Phone:

Fax:

E-mail:

Inventor 8:

Applicant Authority Type: Inventor

Citizenship: DE

Name prefix: Dr.

Given Name: Eric

Family Name: GALIA

City of Residence: Frankfurt

Country of Residence: DE

Address-1 of Mailing Address: Wilhelm Busch Str. 19

Address-2 of Mailing Address:

City of Mailing Address: Frankfurt

State of Mailing Address:

Postal Code of Mailing Address: 60431

Country of Mailing Address: DE

Phone:

Fax:

E-mail:

Inventor 9:

Applicant Authority Type: Inventor

Citizenship: DE

Name prefix: Dr.

Given Name: Heiner

Family Name: GLOMBIK

City of Residence: Hofheim

Country of Residence: DE
Address-1 of Mailing Address: Am Lotzenwald 42
Address-2 of Mailing Address:
City of Mailing Address: Hofheim
State of Mailing Address:
Postal Code of Mailing Address: 65719
Country of Mailing Address: DE
Phone:
Fax:
E-mail:

Attorney Information:

practitioner(s) at Customer Number:

005487

005487

as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Assignee 1:

Organization Name: Aventis Pharma Deutschland GmbH
Address-1 of Mailing Address: Brtrasse 50
Address-2 of Mailing Address: Industriepark Höchst, Geb. K 801
City of Mailing Address: Frankfurt
State of Mailing Address:
Postal Code of Mailing Address: 65926
Country of Mailing Address: DE
Phone: (908) 231-2965
Fax: (908) 231-2626
E-mail: barbara.kurys@aventis.com